PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further co indicated unless corrected maintenance fee notification	below of directed on	ng the Patent, advance of herwise in Block 1, by (a	rders and notification a) specifying a new co	of mai	intenance fees wi ondence address;	ill be n and/or	nailed to the current (b) indicating a sep	corre arate '	spondence address as "FEE ADDRESS" for	
CURRENT CORRESPONDEN 22918 7	ICE ADDRESS (Note: Use B) 7590 06/17		Fee(s) papers	Transmittal. This . Each additional	certific	cate cannot be used t	for any	nestic mailings of the y other accompanying formal drawing, must		
PERKINS COIE P.O. BOX 1208 SEATTLE, WA 9		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
									(Depositor's name)	
									(Signature) (Date)	
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENT	COD		ATTORNEY DOCKET NO.				
10/588,883	05/08/2007		Jinhua An	OK			97-8004.US00		NFIRMATION NO. 4457	
TITLE OF INVENTION: N		LATION OF TRIPPOLID	DE COMPOUNDS FRO	OM TR	RIPTERYGIUM V	WILFO:	RDII			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE P	REV. PAID ISSUE	FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO YES	_ \$1510 _ <u>\$755</u> _	\$300		\$0		\$1810 <u>\$10</u>	55	09/19/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
MABRY, JOHN 1. Change of correspondence address or indication		1625	514-468000 2. For printing on the							
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 King & Spalding LLP 2 Susan J. Myers Fitch 3 Peter J. Dehlinger							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PHARMAGENESIS, INC. REDWOOD CITY, CA										
4a. The following fee(s) are Issue Fee Publication Fee (No	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4616 (enclose an extra copy of this form).									
5. Change in Entity Status a. Applicant claims S	MALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no							
NOTE: The Issue Fee and Finterest as shown by the rec	ords of the United Sta	tes Patent and Trademark	I from anyone other that Office.	in the	applicant; a regist	tered att	torney or agent; or th	e assi	gnee or other party in	
Authorized Signature	Date16-SEP-2011									
Typed or printed name _	Registration No. 55,477									
This collection of informatian application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virginia 22313-Under the Paperwork Reduction	pplication form to the s for reducing this burginia 22313-1450. DO-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	depending upon the ince Chief Information Office Completed Forms	estima dividu ficer, U TO T	ated to take 12 minal case. Any comunication U.S. Patent and This ADDRESS.	inutes to ments radema SEND	o complete, includin on the amount of tir rk Office, U.S. Depa TO: Commissioner f	g gath ne you artmen or Pat	nering, preparing, and u require to complete at of Commerce, P.O. tents, P.O. Box 1450,	